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ABSTRACT

This introduction and outline correspond to a presentation at the American Counseling Association (ACA) 1999 World Conference. The author recounts his psychotherapeutic work with young gay men diagnosed with AIDS and his increasing awareness of their movement toward psychological health and the development of a deeper spirituality. His quest became one of finding a theoretical explanation for this movement toward psychological health. The conference presentation with accompanying handout speaks to the outcome of this research. Cognizant of the gay culture, the author approached therapy with this group from an existential theoretical model. To explore the success of the existential approach, the author turned to the writings of Carl Jung and his followers. The integrated model presented at the conference combines the archetypal developmental stages of Carol Pearson and the spiritual developmental stages of Ken Wilber. Tenets of existentialism are presented as the foundation for the counseling process, which facilitated accelerated movement through the integrated developmental model. Appendix C provides a summary of the relationship between the three models, i.e., Pearson, Wilber, and Existentialism. The presentation of the model was followed by an overview of the stages of counseling that one could expect to encounter when using the model with HIV/AIDS diagnosed individuals. The final aspect of the presentation was a dramatization of dialogue taken from therapy sessions illustrating the archetypal/ existential concepts. (Contains 32 references and 3 appendixes.) (GCP)

Working with the Terminally Ill: An Integrated Theoretical Model

John R. Martins Ph.D.

Introduction to the handout provided at the ACA 1999 World Conference presentation

In the mid-eighties, I began working in psychotherapy with gay individuals who were diagnosed with AIDS. As I worked with these young men over a period of several years, I became aware of their movement toward psychological health and the development of a deeper spirituality. My quest became one of finding a theoretical explanation for this movement toward psychological health. The conference presentation with accompanying handout speaks to the outcome of my search.

To understand the psychological movement, one first needs to understand the unique cultural, developmental, and health factors of this population (See page 2). Because of their gay sexual orientation they came to therapy with some different experiences and expectations than would have males with a heterosexual orientation. Cognizant of the gay culture, I approached therapy with this group of young men from an existential theoretical model. Existentialism provided a process for facilitating psychological movement; however, the model did not provide an explanation for why it was working.

In search of an answer for why the existential approach worked, I turned to the writings of Carl Jung and his followers. Ultimately the integrated model presented at the conference combined the archetypal developmental stages of Carol Pearson and the spiritual developmental stages of Ken Wilber (See pages 3 and 4). Tenets of existentialism are presented as the foundation for the counseling process, which facilitated an accelerated movement of the individuals through the integrated

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developmental model. The tenets of existentialism also appear to have a developmental sequence which are compatible with Wilber and Pearson's ideas. See Appendix C, page 15 for a summary of the relationship between the three models i.e., Pearson, Wilber, and Existentialism.

The presentation of the integrated theoretical model was followed by an overview of the stages of counseling that one could expect to encounter when using the model with HIV/AIDS diagnosed individuals (see page 4). The final aspect of the presentation was a dramatization of dialogue taken from therapy sessions illustrating the archetypal/existential concepts (See pages 5 through 8).

Following is the handout, "*Working with the Terminally Ill; An Integrated Theoretical Model*", provided to individuals attending my presentation at the ACA Conference in San Diego, California.

Working with the Terminally Ill: An Integrated Theoretical Model

John R. Martins Ph.D.

**ACA 1999 World Conference
San Diego, California**

Topical Outline

1. Overview of qualitative method utilized in data collection
2. Summary of common themes and issues that HIV-Positive, gay men present in therapy
3. Overview of a theoretical model which integrates components of Existential and Analytical Theory
4. Overview of stages of counseling for the Integrated Theoretical Model
5. Illustration of the Integrated Theoretical Model through dramatizations

Learning Objectives

Participants will:

1. be aware of a historical perspective related to the AIDS epidemic and the accompanying psychological, sociological, and discrimination issues related to the epidemic.
2. understand how the stages of grief counseling for individuals with AIDS differ from Kubler-Ross' proposed stages of grieving.
3. understand through case examples how the development of an integrated model for grief counseling evolved.
4. understand the primary concepts of the integrated existential and analytical counseling model.
5. experience the salient aspects of the theory through the dramatization of select case material.
6. experience an opportunity to dialogue with colleagues about the theoretical model and the issues it raises for working with individuals with HIV/AIDS.
7. explore the utilization potential of the theoretical model for grief counseling with other populations.

Summary Outline

1. Overview of qualitative method utilized in data collection

A brief overview of grounded theory will be presented.

2. Summary of common themes and issues that HIV-Positive, gay men present in therapy.

Theme A: Culture

Sub-theme a: Gay/Lesbian Culture

A gay/lesbian culture has evolved which provides norms, support, and a mechanism for the empowerment of members of the gay/lesbian community. For all gays and especially for gays who are "out", these cultural norms are very relevant and must be understood by the therapist.

Sub-theme b: HIV Culture

An HIV culture is emerging which provides its members with a language to use in navigating the system, HIV/AIDS related information, support, and an organizational structure for empowerment.

Sub-theme c: Race and Ethnicity

Individuals bring to therapy beliefs, values, and norms consistent with their family heritage. Some gay clients try to keep the three cultural norms separate in their life, while others have tried to integrate the norms. For many gays, the Gay/Lesbian Culture has the most relevance as a point of identification.

Theme B: Developmental Issues

Sub-theme a: Gay/Lesbian Identity

Some religious views, prejudices, and discriminatory acts have a direct impact upon the psychological development of individuals with a homosexual orientation. Areas particularly affected are relationship development and self-concept development.

Sub-theme b: HIV/AIDS and Development

The young are most often the ones infected by the HIV virus, and the infection throws them out of the developmental loop for their age. Their peers are focusing on developing careers and relationships, and the HIV infected individual is forced to focus on his death.

Theme C: Emotional Pain

Emotional pain presented includes, guilt, fear of abandonment by family and friends, fear of death, fear of not having physical needs met, fear of discrimination, sadness and depression from loss of friends and/or a lover, anxieties related to adapting to disabilities and the medical establishment, and disillusionment from losing one's vision/dream.

Theme D: Physical Pain and Concerns

Physical concerns are related primarily to the pain and confusion created by the cyclical experiences of going from medical crises to relatively good health. Also included under this theme would be learning to adapt to the changes in one's physical appearance and strength. Learning to survive in the medical culture of physicians, clinics, laboratories, and hospitals and in the social service culture of

social workers, counselors, psychologists, social security, and public aid is a formidable undertaking for most individuals.

3. Overview of a theoretical model which integrates components from Analytical and Existential Theory

Given the presenting issues of the young, HIV-Positive, gay men with whom I was working, I soon became aware that I was being confronted with therapeutic situations that my training had not prepared me for. Insights from previous readings of Existential and Jung's Analytical literature pointed me toward these theoretical models for direction. Over a period of several years working with HIV-Positive men, the following integrated therapeutic model was conceptualized.

A. Analytical Psychotherapy Components:

The theoretical constructs of the collective unconscious and archetypal themes speak to the spiritual and transcendence issues raised in counseling (Jung, 1971; Jung, 1966; Jung, 1959). Ken Wilber (Wilber, 1997; Wilber, 1996; Wilber, 1986; Wilber, 1979) has build upon Jung's transcendence concept and created a developmental model for spirituality through his 'Spectrum of Consciousness' model. (See appendix A) Carol Pearson (1991) has worked with archetypal themes from a developmental perspective. Her organization of archetypal themes around stages of development provided a theoretical model that was useful in conceptualizing the dynamics presented by my clients. (See appendix B) Pearson's archetypal developmental model is also compatible with Wilber's developmental model for spirituality. (See appendix C)

WILBER'S MODEL IN RELATIONSHIP TO PEARSON'S MODEL

Wilber Spectrum of Consciousness

1. Pleromatic Self
2. Uroboros Self
3. Bodyego Self
4. Membership Self
5. Early and Middle Ego/Persona Self
6. Late Ego/Persona Self
7. Mature Ego
8. Centaur/Existential
9. Subtle
10. Causal
11. Atman

Pearson Archetypal Developmental Model

- Childhood
Innocent
Orphan
- Adolescence
Seeker
Lover
- Earl Adult
Warrior
Caregiver
- Mid-life
Destroyer
Creator
- Maturity
Ruler
Magician
- Old Age
Sage
Fool

B. Existential Psychotherapy Component:

Issues and themes presented in therapy were processed from the existential tenets of meaning, death, responsibility, freedom, and isolation (Frankl, 1997; Frankl, 1967; May, 1967; Yalom, 1988). The working tenets are conceptualized as therapeutic goals for processing the issues presented in therapy. The tenets are:

1. One must come to peace with the thought of one's death.
2. One must find meaning for one's life in the face of one's death.
3. One cannot abdicate responsibility for how one lives his/her life.
4. One has freedom of choice.
5. A social support system is important; however, all major decisions and life events are experienced in isolation. One is alone.

Note: Existential theory was an excellent format for processing issues presented in therapy; however, it did not go far enough. There came a point where developmental growth had taken place. A point was reached where individuals experienced enriched insights and behavior change with a motivation for further growth. Conceptualization of these developmental changes was easier attained from a Jungian perspective. Existential concepts translated into an excellent process for actualizing analytical theory.

4. **Overview of the stages of counseling for the Integrated Theoretical Model**

Kubler-Ross (1969) describes five stages that the terminally ill individual works through in the process of coming to accept his/her death. They are First Stage: Denial and Isolation, Second Stage: Anger, Third Stage: Bargaining, Fourth Stage: Depression, and Fifth Stage: Acceptance.

The individuals I worked with certainly dealt with and to some extent worked through the stages; however, I found they experienced some of the stages several times during the course of their illness. In retrospect, it appears that the individuals I worked with went through four stages of counseling and three cycles of the of Kubler-Ross' stages.

Stages of Counseling

Stage 1: Realization that one is HIV-Positive and/or diagnosed with AIDS

Cycle 1: (Kubler-Ross' Stages) Denial, Anger, Bargaining, and Depression

Stage 2: Struggle to get in touch with inner self and define purpose in life

(Most individuals are in this stage the longest period of time, and it corresponds to the cyclic periods of health and illness.)

Cycle 2: (Kubler-Ross' Stages) Recycling of Denial, Anger, Bargaining, and Depression, however, at a very different level of understanding and integration.

Stage 3: Acceptance of death, living in the present, and defining spiritual self

Cycle 3: (Kubler-Ross' Stages) Acceptance

Stage 4: A sense of transcendence i.e., a sense of being a part of something bigger than self

Cycle 4: (Kubler-Ross' Stages) Acceptance

5. Illustration of the Integrated Theoretical Model through dramatization

A. ISOLATION

I have found three types of isolation that HIV-Positive gay men present: Intrapersonal, Interpersonal, and Existential.

a. Intrapersonal Isolation: (Seeker)

Dr. John: Why are you considering law or an MBA if there is no motivation for these fields?

Bret: I need to create. *(Pause)* That's bull. I need credentials. I need to feel authentic.

Dr. John: A degree will make you feel authentic?

Bret: It's a symbol. It will be a proof that I am an authority.

Dr. John: You already have a degree in art. Why don't you feel authentic?

Bret: Interesting! *(Pause)* I don't know. *(Pause)* I feel no substance. *(Pause)* I wear masks. *(Pause)* I am afraid that there is nothing behind the masks. *(Pause)* What if there is nothing there?

b. Interpersonal Isolation: (Orphan)

This often occurs as the individual becomes more ill, and friends and family begin to change how they interact with him.

Bret: All the people that I need to tell about my illness now know.

Dr. John: That must make you feel relieved and very good.

Bret: Yes. It is strange though. I feel both supported by them and also isolated.

Dr. John: How is that?

Bret: Some friends are a little more distant. Some friends go out of their way to invite me places or check in with me. It's good, but it's different. You kind of know you are getting special treatment.

Dr. John: --and special treatment tells you something.

Bret: *(Pause)* It tells me I've changed. I'm different. The subtle changes I have noticed in my friends kind of makes me feel isolated. Their changes make me aware that I have changed. I am different. I don't know. *(Pause)* Feeling different somehow makes me feel alone.

c. Existential Isolation: (Ruler)

The client values his support system, but faces the reality that he must ultimately confront his disease and death alone.

Bret: I want to talk about my experiencing of pain and isolation.

Dr. John: Okay

(Aloneness soliloquy)

Bret: Others may be there for me; however, in the end the disease is mine alone.
(Pause) At night when I cannot sleep because of the pain, when I am awake and the rest of the world is sleeping, I know I am alone.

Three o'clock in the morning is the worst and the best of time.
It is the time when the sleeping people dissolve my illusion of an interconnection.

In the quiet night of sleepers, I know I am alone.

In the night, there are no roles to play, no inventories to check, no one to make small talk with.

In the night, there is my own physical pain, and I am alone.

I am learning much from being alone with my pain.

I know that in death I alone will travel into the unknown.

B. RESPONSIBILITY AND FREEDOM

(Seeker)

Dr. John: Let's go back to responsibility. Your anger is legitimate. What you do with this anger is your responsibility. (Pause) You are free to choose. How you deal with your illness, and what you do with the rest of your life is not determined.

Bret: You never let me just veg! *(Frown/smile)*

Dr. John: Nope! You can't negate or delegate. No veging allowed.

Bret: I don't want to veg. I have been thinking. My purpose is to fight for my life. (Pause) I have been exploring alternative treatments. What do you think about alternatives?

(Ruler)

Dr. John: Being, as you know, implies responsibility, and responsible acts can come in many forms. I have a feeling that we are verging on a topic where my professional ethics have to enter. (Pause) I must tell you that I have to do everything that I can to help you find dignity through living.

Bret: I understand your ethics. I also understand that I am responsible for myself. This is not your decision to make.

Dr. John: I understand. I just wanted to make sure that we understood each other's views on this issue.

Bret: I am not suicidal. (Pause) I do retain the right and take the responsibility for defining what a quality life is for me. (Pause) Taking responsibility is part of my nature now. That feels good. I feel proud and strong.

C. MEANING

a. Defining meaning of life: (Warrior)

Bret: Strange! I have a terminal illness, and I am still confronted with the same damn question. *(Perplexed, then quiet and meditative)* It is so confusing and yet kind of simple. *(Pause)* For years I have tried to find a purpose for my life. You know, something that I could really invest in. Something that I bought into completely. *(Pause)* I really have struggled with this, and I have never been able to pull it together. *(Pause)* Strange!

Dr. John: What is so strange?

Bret: I have AIDS. I don't feel sick, but it won't be long until I do. *(Pause)* For the first time in my life I feel I have a purpose. I want to fight for my life.

b. Movement toward authenticity: (Destroyer)

Dr. John: What's happening?

Bret: I am learning a lot about coming out and myself. I thought I was comfortable with my sexuality. I really thought I was out. Since I have become ill, there are all kind of new issues surfacing.

Dr. John: Coming out seems to be a life long process. What are you experiencing?

Bret: This is silly. I have an appointment with my dentist next week, and I need to tell him I'm HIV positive. *(Pause)* Who am I kidding? I have AIDS. I need to tell him; but, I—I am having so much trouble with doing this.

Dr. John: Are you having trouble telling him about AIDS or about your sexuality?

Bret: *(Pause)* I believe it's more about my sexuality. *(Pause)* I don't believe this. I REALLY THOUGHT I WAS OUT. I am beginning to realize that I was out to just certain people. Now, I have no choice. I have to come out completely. LIKE—REALLY OUT.

Dr. John: Your cover has kind of been blown.

Bret: Yes! Next week it will be my dentist, then it will be my employer, then it will be—who knows. AIDS doesn't let you hide.

D. SPIRITUALITY AND TRANSCENDENCE

a. Spirituality: (Destroyer, Creator)

Dr. John: What about spirituality?

Bret: This is more difficult. *(Pause)* I need a spiritual center. I do not need paralyzing guilt. *(Pause)* Maybe, I don't need the church to intercede for me.

Dr. John: Perhaps! At least, you are opening up the possibilities. How will you know that you are not kidding yourself without some external guidelines?

Bret: It makes sense that I don't have to abandon religion totally. I can reject institutional doctrine that seems flawed itself. *(Pause)* I know this intellectually. But, I have a suspicion that I will still have this nagging doubt about being gay. What if the fundamentalists are right?

Dr. John: What if they are right?

Bret: Then I will go to hell.

Dr. John: Do you really believe that?

Bret: No, not really. Right and wrong, good and bad is hard to figure out. It isn't all that clear.

b. Transcendence: (Magician, Sage)

(Individuals may or may not reach the following stage. If encountered, it seems to happen very close to the time of death.)

Bret: I had this unbelievable dream last night. I can't shake it.

Dr. John: Let's hear it.

Bret:

It was awesome. This is far out; but, I sensed it. I became aware that my consciousness was observing my own unconsciousness. I also sensed that my unconsciousness was tied to this force that I was observing. *(Pause)* I was one with this force. *(Pause)* My religious background would explain this as God. *(Pause)* I don't know. I felt a part of something universal.

Dr. John: One with universal energy. A dream that introduces a vision of the whole. A dream that point the way to a deeper understanding of self. A transcendent self. *(Emphatic)* Now that's a dream.

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Appendices

APPENDIX A

Wilber's Developmental Stages of the Spectrum of Consciousness

Pleromatic Self:	The self and the material cosmos are undifferentiated.
Uroboros Self:	A pre-personal state in which the psychic and physical body has not differentiated. It is dominated by instincts, physiological responses, reptilian perception, and rudimentary emotional discharge.
Bodyego Self:	The physical body is felt and perceived as distinct from the physical environment. Self is identified with the biological body.
Membership Self:	This stage is highlighted with the acquisition of language and other symbols. The ability to speak transforms pre-logical thinking into logical and organized thinking.
Early and Middle Ego/Persona Self:	The self has differentiated itself from the body and has transcended the simple biological world. Thinking includes concept formation, which allows the self to conceptualize and operate on both the concrete world and the body.
Late Ego/Persona Self:	This stage corresponds to Piaget's formal operational phase. The individual has also mastered the various personae with which he has identified.
Mature Ego:	Characterized by the integration of all possible personae into a mature ego and the beginning of the decline of identification with the ego.
Centuric/Existential:	The body, involuntary and spontaneous aspect, and the ego, voluntary and purposive aspects, are integrated.
Subtle Realm:	The high Archetypal Form (divine) is perceived by the ego.
Causal:	The total and utter transcendence and release into formless consciousness and boundless radiance.
Ataman:	Unity. A process in which each successive stage achieves a higher-order unity. This continues until there is only Unity.

APPENDIX B

Pearson's Life Stages

Childhood

Goal: Security

Archetypes: **Characteristics:**

Innocent

Unquestioning acceptance of dependence

Orphan

Feeling of abandonment and powerlessness

If **Innocent** leads: Overly optimistic and trusting of others

If **Orphan** leads: Aware of dangers, but more pessimistic and unable to trust

Resolution: Discernment

Adolescence

Goal: Identity

Archetypes: **Characteristics:**

Seeker

Exploring, experiencing, looking for a healthier life

Lover

Following one's bliss and commitment to what one loves

If **Seeker** leads: Identity found by differentiating oneself from others

If **Lover** Leads: Identity formed through who one loves

Resolution: A sense of autonomy that is manifested in a real commitment to people, work, or belief system

Early Adult

Goal: Responsibility

Archetypes: **Characteristics:**

Warrior

Fights for self and/or others

Caregiver

Helps others through love and sacrifice

If **Warrior** leads: One prefers to act through competition, assertion, and achievement

If **Caregiver** leads: One prefers to act through giving, caring, and empowering others

Resolution: One is responsible to and cares for both self and others

Mid-Life

Goal: Authenticity

Archetypes: **Characteristics:**

Destroyer Experiences confusion and tears down the old
Creator Open to inspiration because of encounters with death and love

If **Destroyer** leads: One easily gives up what no longer serves one's growth, but has problems finding a sense of identity

If **Creator** leads: One easily creates new options, but has trouble differentiating which identity to let go.

Resolution: Confront one's mortality and let oneself be

Maturity

Goal: Power

Archetypes: **Characteristics:**

Ruler Achieves wholeness in expressing oneself
Magician Understands from a universal perspective

If **Ruler** leads: One tends to achieve order at the expense of innovation, which leads to stagnation.

If **Magician** leads: One tends to seek the new at the expense of balance, which leads to chaos.

Resolution: Synchronicity—achieve a balance between order and innovation

Old Age

Goal: Freedom

Archetypes: **Characteristics:**

Sage Seeks truth
Fool Experiences enjoyment, pleasure, and aliveness

If **Sage** leads: One tends to be ponderous and overly serious

If **Fool** leads: One tends to act foolish and neglects introspection, which leads to inner peace

Resolution: Enlightenment

APPENDIX C

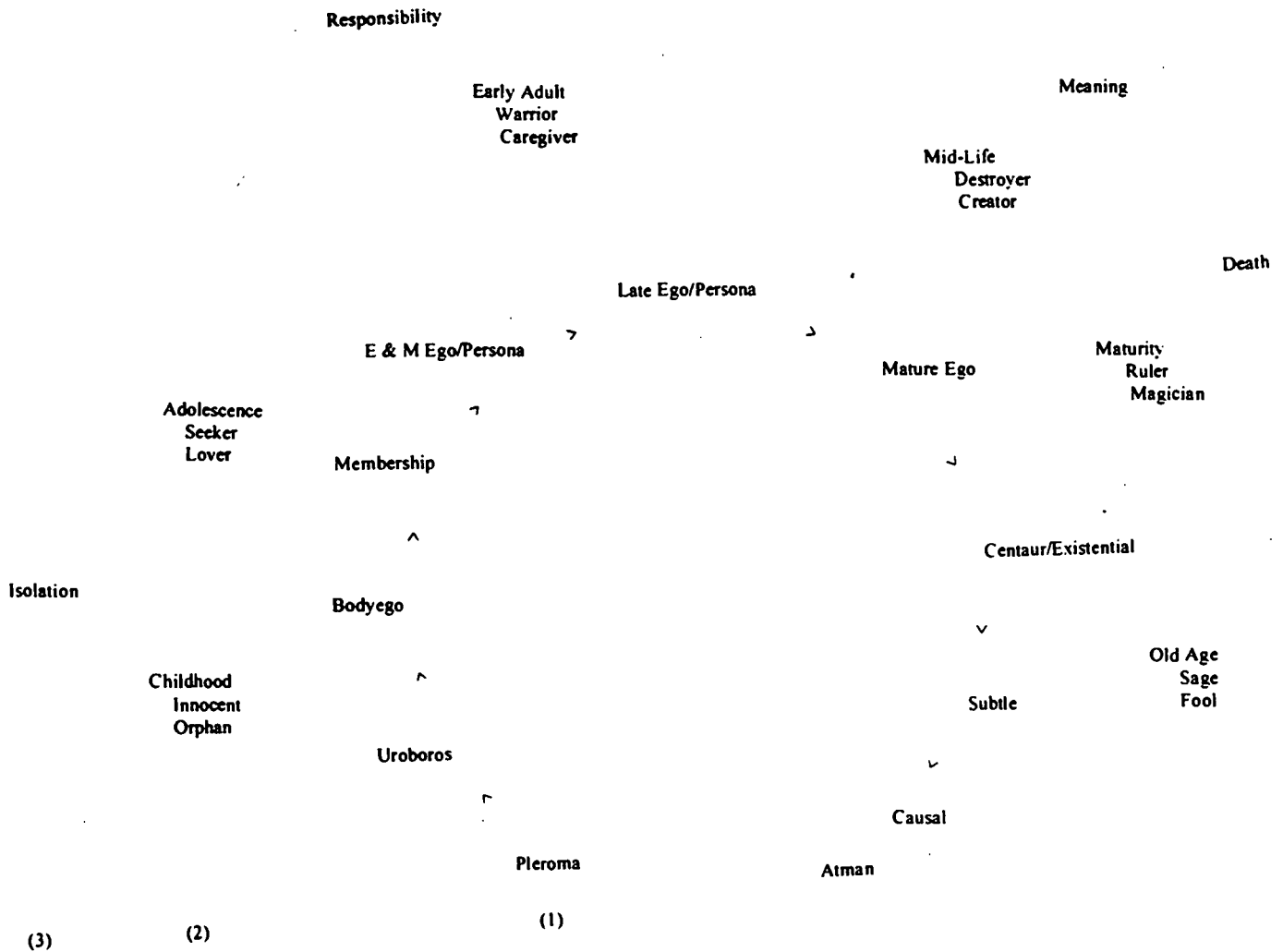
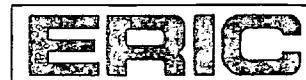


FIGURE 4: INTEGRATED MODEL: JUNG, FRANKL, WILBER (1), PEARSON (2), and YALOM (3)

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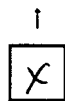
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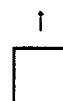


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